

Canadian Association of Optometrists Strategic Plan: 2020-2022

February 2020

About the Canadian Association of Optometrists

The Canadian Association of Optometrists (CAO) is the national association for optometry. Recognized at home and internationally as a leading advocate for the profession, the CAO is the authoritative voice on the critical issues that affect its members and their practice. Established in 1948, the CAO represents over 5,000 members.

Vision: Healthy eyes and clear vision for all Canadians. For life.

Mission:

The Canadian Association of Optometrists is the national voice of optometry, providing leadership and support to its members to enhance the delivery of healthy eyes and clear vision for all Canadians.

The CAO values being:

- Accountable
- Collaborative
- Impactful
- Innovative

Major Trends

Optometry: The World Health Organization released its first [World report on vision](#) in October 2019. The news is alarming: 2.2 billion people are living with vision impairment or blindness, of which over 1 billion cases could have been prevented or have yet to be addressed.¹ The report highlights some of the reasons contributing to this gap in meeting the world's eye health needs:

- A significant increase in myopia caused by increased time spent indoors and increased “near work” activities on phones and other devices.
- Lifestyle changes that contribute to increases in the numbers of people with diabetes, which will lead to an overall increase in diabetic retinopathy.
- Poorly integrated care and lack of continuity of care.

This is not just a developing world issue. The situation is as alarming in Canada, where 5.9 million Canadians live with vision threatening conditions.² The cost of vision loss is expected to rise to \$24.6 billion per year by 2022, with higher direct health care costs than those for diabetes, cancer, and musculoskeletal diseases

combined.³ Vision impairment also results in indirect costs for employers. In a 2016 Nanos poll, nearly one million Canadians indicated that they had missed work or school because of vision problems. Employees with vision loss are likely to be less productive, have higher absenteeism and retire earlier than other employees.⁴ Yet preserving vision and eye health is not adequately prioritized by public or private benefits plans.

Following interviews with Canadian Association of Optometrists (CAO) Council members and other stakeholders, including provincial optometric associations and regulators, Canadian optometry schools, optometric network groups and a representative from an Indigenous community, the following **major trends** affecting optometry must be considered in setting CAO's strategic priorities:

Disruptive technology: Technological innovations are difficult to keep ahead of, especially those that result in altered practice models, at significant cost, including online sales, online refraction, 3D printing and telemedicine.

Access to care: Lack of access to vision care results in higher incidence of undiagnosed and untreated eye disease, which is more prevalent in rural, remote and Indigenous communities.

Consolidation and private equity:

Consolidation of optometric clinics across the country is the result of providers wishing to pool resources to gain economies of scales when negotiating with suppliers for goods and services. However, consolidation has opened the door to corporate entities seeking lucrative health care investment for private equities, potentially reducing the role of optometrists to employees of large chains, rather than independent health care practitioners facilitating a care-based relationship with a patient.

Scope of practice and specialization: The increased medicalization of the profession as a result of a two-pronged desire to evolve the practice in order to enhance services to clients and/or specialize and be recognized for the specialization.

Compensation/insurance: Government reimbursement for optometric care varies greatly from one province to another, from non-existent to under-funded. Consequently, Canadians rely on private insurance or pay out-of-pocket for vision care. In 2019, 75% of private vision care expenditures were incurred by Canadians out-of-pocket, versus 50% for drugs and 42% for dental ⁵, a likely contributor to decisions to forego routine preventive care.

Modalities of practice and member

engagement: CAO members operate in various environments that require varied forms of communications to enhance engagement.

CCOA scope enhancement: Increased professionalization of optometric staff (evidenced by the growth of the Canadian Certified Optometric Assistant (CCOA) program) provides an opportunity to re-examine optometric assistant training that supports scope enhancement to further assist the work of optometrists.

Health Care System Trends

Person-centered care: An approach that focuses on designing models of care to meet the needs of the person, rather than the provider.

Increased interprofessional, collaborative care: There is an increasing expectation that health care providers collaborate to deliver the right service in the right location at the right cost.

Cost pressure and value-based health care: The imperative to do more with less is increasing pressure on health system administrators to rely on cost effective, evidence-based clinical outcomes to justify new technologies and procedures.

Rise of empowered health consumers: More informed patients (the result of ready access to a multitude of online health care information) also means greater expectations for care delivery, which challenges the traditional patient-provider model.

Changes in the regulation of health professions: A worldwide trend to transform health professional self-regulation⁶ was reinforced in Canada following the tabling of Harry Cayton's [Inquiry into the performance of the College of Dental Surgeons of British Columbia](#) and the *Health Professions Act* in December of 2018. The Provincial Government is committed to implementing recommendations made by Harry Cayton, the former chief executive of the United Kingdom's Professional Standards Authority, to draft new legislation to replace the *Health Professions Act*.

Health insurance industry under pressure: The insurance industry faces a variety of challenges, from adapting to new technologies (blockchain, artificial intelligence (AI), big data, etc.), increased claims from catastrophic weather changes, and changes in risk profiles (for health care providers).

Societal Trends

Demographic changes: The Canadian population is aging, putting increased pressure on our health care system and resources. Somewhat mitigating this ageing demographic is the increasing immigrant population, which is generally younger (median age of 31.7 years)⁷ and accounts for one in five people in Canada.⁸ Millennials (those born between 1981 and 1996) are the largest demographic age segment in Canada⁹, constituting an important consumer and political force.

Mental health and wellness issues: The Mental Health Commission of Canada estimates that 1 in 5 Canadians are living with a mental illness and by the time they reach 40 years of age, 1 in 2 Canadians will have, or have had, a mental illness.¹⁰

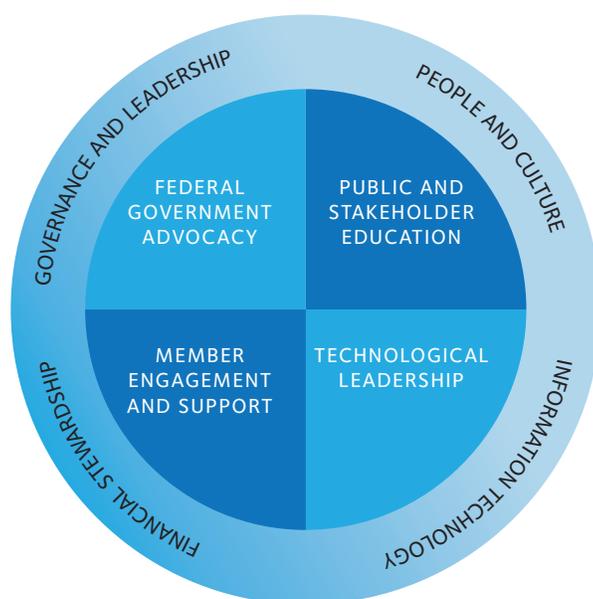
Technology: Social media and cloud computing platforms, AI and big data are revolutionizing communications and the delivery of goods and services. They bring computing and analytical power that could disrupt many of our legacy systems and practices.

Climate change: Accommodating the reality of climate change is forcing a complete re-evaluation of our personal and professional lives, from the type of cars we drive, to the way we heat our homes and offices to the increased costs we pay for insurance and other goods. It is also encouraging increased consumer support of companies perceived as engaging in sustainability efforts.

Growing income inequalities: While income inequality in Canada pales compared to other countries, imbalances still exist. Canadians in the top 10% of the population accounted for 23.3% of total after-tax income in Canada in 2017, while the bottom 40% of the population represented 20.4%.¹¹

This is creating tensions within societies and putting pressure on governments to find ways to redistribute wealth more equitably.

Strategic Directions



1. Federal Government Advocacy

- Revise the *Federal Role in Eye Health and Vision Care* paper and advocate for the implementation of our proposals.
- Collaborate with the Federal Government and other stakeholders to devise and implement solutions to improve access to care, including for rural, remote and indigenous populations.
- Facilitate the development of a framework to address the quality and safety of online prescriptions.

2. Public and Stakeholder Education

- Position optometrists as primary eye care providers and promote regular visits through a national, bilingual public communication campaign.
- Develop an engagement campaign to increase appropriate referrals for eye care to optometrists amongst other health professionals.
- Enhance the CAO brand.
- Implement an Insurance industry advocacy campaign to seek improvement of current optometric coverage.
- Demonstrate the value of optometry through evidence-based position papers.

3. Member Engagement and Support:

- Enhance the effectiveness of communication to members.
- Enhance student engagement and support in Canada and the United States.
- Review existing member benefits, and identify and roll-out new services as appropriate.
- Index the *Canadian Journal of Optometry* (CJO).

4. Technological Leadership:

- Anticipate and influence the impact of AI on the profession through the creation of an AI Task Force.
- Develop an ongoing mechanism to identify future disruptive technology trends and how to proactively address them for our members.

Operational Enablers

PEOPLE AND CULTURE

We will continue to foster a results-driven culture where all staff feel engaged and valued. We will ensure staff enjoy opportunities for growth that are personally rewarding. Staff contributions will align with CAO's vision and mission, respectful of its values. We will strive to enhance the contribution of our volunteer members.

INFORMATION TECHNOLOGY

We will take advantage of the latest proven technologies to enhance our ability to deliver services to our members in a cost-effective manner. We will continuously enhance our staff's ability to use IT tools.

FINANCIAL STEWARDSHIP

We will carry out activities in a fiscally responsible manner. We will continuously strive to identify new revenue opportunities while achieving cost efficiencies. Resource allocation will support strategic priorities.

GOVERNANCE AND LEADERSHIP

We will demonstrate good governance processes and policies where staff and Council work in partnership, in a trusting relationship, towards the achievement of common goals.

Conclusion

The Canadian Association of Optometrists' (CAO) strategic plan is driven by member priorities, and reflects a desire for CAO to support its members to achieve greater practice success. By engaging in meaningful dialogue with all system stakeholders to both create industry change and influence policies that support optometry, the strategic plan provides a blueprint for a future where optometrists are recognized by governments and other funders, industry, health system providers, and the public as “the” primary eye care provider, ensuring optimal eye health and vision care for all Canadians.

Endnotes

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The Canadian Association
of Optometrists

234 Argyle Avenue,
Ottawa, ON K2P 1B9
1-888-263-4676
opto.ca